

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/612 838 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12		1				
13						
14		1				
15		1				
16		1				
17		1				
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45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			0			
TOTAL CLAIMS		10				

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				